

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-975)

SERIAL NO.

10/049321

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2						
3		2		1		
4		0		1		
5		0		1		
6		1		1		
7		1		1		
8		0	0	1		
9		1	0	1		
10		0	0	1		
11		0		1		
12		0		1		
13		0		1		
14		0		1		
15	1		1			
16		1		1		
17		1		1		
18		1		1		
19		4		1		
20		4		1		
21		0		1		
22		0		1		
23		1		1		
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TOTAL IND.		↓	2	↓		↓
TOTAL DEP.		↓	21	↓		↓
TOTAL CLAIMS			23			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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